

SERFF Tracking Number: CVKS-127700590 State: Arkansas
Filing Company: First Health Life and Health Insurance Company State Tracking Number: 49989
Company Tracking Number: MHBP01SCH-AR 0911
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Mail Handlers Schedule of Benefits
Project Name/Number: /

Filing at a Glance

Company: First Health Life and Health Insurance Company

Product Name: Mail Handlers Schedule of Benefits SERFF Tr Num: CVKS-127700590 State: Arkansas

Benefits

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved State Tr Num: 49989

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: MHBP01SCH-AR 0911 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Author: Steve Robino

Disposition Date: 10/17/2011

Date Submitted: 10/10/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/17/2011

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/17/2011

State Status Changed: 10/17/2011

Deemer Date:

Created By: Steve Robino

Submitted By: Steve Robino

Corresponding Filing Tracking Number:

Filing Description:

The enclosed filing for First Health Life & Health Insurance Company (NAIC # 90328) is a revision to the Schedule of Benefits ("SOB") for its Mail Handlers Supplemental Dental Group product. This product was designed to be offered to Federal employees only.

Company and Contact

Filing Contact Information

Steven Robino, Director, Regulatory Compliance

srobino@cvty.com

8320 Ward Parkway

866-795-3995 [Phone] 4441 [Ext]

Kansas City, MO 64114

816-460-4695 [FAX]

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Filing Company Information

First Health Life and Health Insurance Company	CoCode: 90328	State of Domicile: Texas
3200 Island Avenue	Group Code: 1137	Company Type: LAH
Downers Grove, IL 60515	Group Name: Coventry Corp.	State ID Number:
	Group	
(630) 737-7900 ext. [Phone]	FEIN Number: 38-2242132	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Health Life and Health Insurance Company	\$50.00	10/14/2011	52824228

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/17/2011	10/17/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/12/2011	10/12/2011	Steve Robino	10/14/2011	10/14/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised Schedule	Note To Reviewer	Steve Robino	10/12/2011	10/12/2011

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Disposition

Disposition Date: 10/17/2011

Implementation Date: 11/17/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CVKS-127700590	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	No
Supporting Document	Application	Approved	No
Form (<i>revised</i>)	Mail Handlers Schedule	Approved	No
Form	Mail Handlers Schedule	Disapproved	No

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/12/2011
Submitted Date	10/12/2011
Respond By Date	11/14/2011

Dear Steven Robino,

This will acknowledge receipt of the captioned filing.

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50. We will begin our review of this submission upon receipt of the filing fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/14/2011
 Submitted Date 10/14/2011

Dear Donna Lambert,

Comments:

Response 1

Comments: The \$50 filing fee has been submitted via EFT through SERFF.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Mail Handlers Schedule	MHBP01S CH-AR 0911		Schedule Pages	Initial			Schedule of Benefits (AR)_revised.pdf

Previous Version

Mail Handlers Schedule	MHBP01S CH-AR 0911		Schedule Pages	Initial			Mail Handlers - Schedule of Benefits _AR.pdf
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No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>CVKS-127700590</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Health Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>49989</i>
<i>Company Tracking Number:</i>	<i>MHBP01SCH-AR 0911</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
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Steve Robino			

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Note To Reviewer

Created By:

Steve Robino on 10/12/2011 08:52 AM

Last Edited By:

Steve Robino

Submitted On:

10/12/2011 08:53 AM

Subject:

Revised Schedule

Comments:

After reviewing the Schedule of Benefits that was filed, we noticed that there was an error in the listed dependent age under Orthodontic coverage. I have attached a revised copy.

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Product Name: Mail Handlers Schedule of Benefits

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	MHBP01S	Schedule	Mail Handlers	Initial			Schedule of
10/17/2011	CH-AR	Pages	Schedule				Benefits
	0911						(AR)_revised. pdf

[Logo]

[SCHEDULE OF BENEFITS]

YOUR PARTICIPATING
ASSOCIATION

[Mail Handlers Union]

CERTIFICATE NUMBER:

[<Number>]

INSURED:

[<Name>]

EFFECTIVE DATE:

[<Date>]

PREMIUM PAYABLE TO:

[First Health Life & Health Insurance Company]

PREMIUM DUE DATE:

[THE FIRST DAY OF EACH CALENDAR MONTH]

INITIAL RATE GUARANTEE PERIOD:

[12 MONTH(S)]

COVERED PERSONS

[INSURED: <Name>]

[SPOUSE: <Name>]

[CHILDREN: <Name>]

Annual means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, Annual means the period from his or her effective date through December 31 of that year.

DENTAL BENEFITS

Annual Deductible	Individual	\$50
	Family	\$150
Maximum Dental Benefit	Individual	[\$2,000][2,500][3,000][3,500][4,000]
Lifetime Orthodontic Maximum		\$1,000

<u>Covered Services</u>	<u>Apply To Deductible</u>		<u>0-12 Months of Coverage</u>	<u>13-24 Months of Coverage</u>	<u>25+ Months of Coverage</u>
			Insured Percent	Insured Percent	Insured Percent
Preventive	No	Network	100%	100%	100%
	No	Non-Network	60%	70%	80%
Basic	Yes	Network	70%	80%	80%
	Yes	Non-Network	50%	60%	60%
Major	Yes	Network	0%	50%	50%
	Yes	Non-Network	0%	30%	30%
Orthodontic (Children 18 and under)	Yes	Network	0%	0%	50%
	Yes	Non-Network	0%	0%	25%

[Failure to Comply with
Cost Containment
Procedures:

Predetermination of Benefits

Treatment Plan should be sent to us if Covered Dental Expense are expected to exceed [\$200][250][300]]. Benefit payments may be reduced by [\$50][75][100]] for failure to obtain a predetermination of benefits.]

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved	10/17/2011
Comments:			
Attachment:			
Flesch.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved	10/17/2011
Bypass Reason:	Application handled through Federal employee process. No application form used.		
Comments:			



Certification of Flesch Reading Ease

This document hereby certifies that the submitted documents, referenced below, comply with the provisions of the Life, Accident and Health Insurance Policy Language Simplification Act of Arkansas.

Any policy language is drafted to conform to the requirements of any federal law, regulation, or agency interpretation, including medical terminology, defined words, and any other policy language required by state law or regulation.

Riders, amendments, applications, and other forms made a part of the policy may be scored as separate forms or as part of the policy with which they may be used.

This certification shall accompany every and shall be signed by an authorized representative of the insurer certifying that the filing meets the minimum reading ease score on the test used.

Attested by:

Steven Robino
Signature

Director, Regulatory Compliance, Appeals, and Product Implementation
Title

[illegible]

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/10/2011	Form	Mail Handlers Schedule	10/12/2011	Mail Handlers - Schedule of Benefits _AR.pdf (Superceded)

[Logo]

[SCHEDULE OF BENEFITS]

YOUR PARTICIPATING
ASSOCIATION

[Mail Handlers Union]

CERTIFICATE NUMBER:

[<Number>]

INSURED:

[<Name>]

EFFECTIVE DATE:

[<Date>]

PREMIUM PAYABLE TO:

[First Health Life & Health Insurance Company]

PREMIUM DUE DATE:

[THE FIRST DAY OF EACH CALENDAR MONTH]

INITIAL RATE GUARANTEE PERIOD:

[12 MONTH(S)]

COVERED PERSONS

[INSURED: [<Name>]]

[SPOUSE: [<Name>]]

[CHILDREN: [<Name>]]

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			Insured Percent	Insured Percent	Insured Percent
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Major	Yes	Network	0%	50%	50%
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